

Non Required Fire Suppression System

NOTE: DO NOT USE THIS FORM FOR SPRINKLER SYSTEM OR HOOD / DUCT SUPPRESSION.
THIS DOCUMENT IS VOID IF INACCURATE INFORMATION IS PROVIDED

REQUEST FOR EXEMPTION

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE FIRE MARSHAL
8181 INDEPENDENCE BOULEVARD
BATON ROUGE, LOUISIANA 70806
PHONE (225) 925-4920 FAX (225) 925-4414
WEB SITE: www.dps.louisiana.gov/sfm

**REVIEW FEE
\$20.00**

DATE OF APPLICATION
STATE FIRE MARSHAL ARCHITECTURAL REVIEW NUMBER
PO

PROJECT TITLE (Name of Business)			
NAME OF BUILDING/ SHOPPING CENTER			
PHYSICAL LOCATION OF PROJECT		ADDRESS (Street/Suite)	
Inside City Limits <input type="checkbox"/>	CITY (In or Near)	ZIP CODE	PARISH
Outside City Limits <input type="checkbox"/>			

PROFESSIONAL OF RECORD (P.O.R.) (If none, then MUST be Owner)

NAME		PHONE ()	
MAILING ADDRESS (Street/P.O. Box)		FAX ()	
CITY	STATE	ZIP CODE	P.O.R. LICENSE NO

FIRE PROTECTION SYSTEM INFORMATION

OCCUPANCY CLASS (NFPA 101 Chapter)	HAZARD CLASS	LOW <input type="checkbox"/> HIGH <input type="checkbox"/>	EQUIPMENT TO BE PROTECTED
		<input type="checkbox"/> ORDINARY	
TYPE OF SYSTEM			NFPA STANDARD USED 11, 12, 12A, 16, 17, 750, 2001
<input type="checkbox"/> CLEAN AGENT	<input type="checkbox"/> WATER MIST	<input type="checkbox"/> DRY CHEMICAL	DESCRIPTION OF WORK:
<input type="checkbox"/> HALON	<input type="checkbox"/> CARBON DIOXIDE		
FIRE ALARM SYSTEM/TYPE _____			
I certify that the proposed system is not required by NFPA 101, LSUCC (Louisiana State Uniform Construction Code) or other promulgated code. I also certify that the suppression system has not been deemed as required by prior Office of State Fire Marshal Appeal Determination.			
SIGNATURE OF POR/OWNER _____			DATE _____
SIGNATURE OF SYSTEM CONTRACTOR/ENGINEER/DESIGNER _____			DATE _____

SYSTEM CONTRACTOR / ENGINEER / DESIGNER (not the Professional Of Record)

NAME	EMPLOYEE STATE LICENSE NO.	NICET LEVEL
FIRM NAME	FIRM MAILING ADDRESS	
CONTACT NAME		
FIRM LICENSE NUMBER	PHONE NO ()	FAX NO ()

THIS EXEMPTION REQUEST IS VALID FOR 30 DAYS FROM DATE OF RESPONSE.
CONSTRUCTION PERMITS MUST BE ISSUED AND/OR CONSTRUCTION MUST COMMENCE WITHIN THIS PERIOD.

FOR FIRE MARSHAL USE ONLY	PROJECT NUMBER	REVIEW ARCHITECT
	Comments	
<input type="checkbox"/> Accepted		
<input type="checkbox"/> Denied		

DATE RECEIVED

☐ SHREVEPORT
888-634-7682

☐ NEW ORLEANS
888-634-7689

☐ LAFAYETTE
800-554-0006

☐ HEALTH CARE
☐ BATON ROUGE
800-256-5452



CONTACT THE INDICATED DISTRICT
OFFICE FOR FINAL INSPECTION:

THIS FORM IS REQUIRED IF:

- 1) SUPPRESSION SYSTEM TO BE SUBMITTED IS A NON-REQUIRED SYSTEM.

THIS FORM IS NOT REQUIRED IF:

- 1) THE SCOPE OF WORK IS TO REPLACE IDENTICAL DEVICES (EXACT MAKE AND MODEL NUMBER). THIS WORK IS VIEWED AS MAINTENANCE.
- 2) THE FIELD INSPECTOR SPECIFICALLY CITES WHERE AND HOW MANY DEVICES NEED TO BE MODIFIED OR ADDED (NOT TO EXCEED **TEN (10)**), IN ACCORDANCE WITH STATE FIRE MARSHAL MEMORANDUM DATED **MARCH 9, 2000** – “**ADDITION OF DEVICES IN RESPONSE TO INSPECTION CITATION**”

A FULL PLAN REVIEW IS REQUIRED IF:

- 1) THE SUPPRESSION SYSTEM IS A REQUIRED SYSTEM.

IF ALL INFORMATION IS COMPLETE, THE FORM MAYBE MAILED, FAXED TO THE PLAN REVIEW SECTION OF STATE FIRE MARSHAL'S OFFICE FOR REVIEW, AND INVOICE FOR THE REVIEW CHARGES WILL BE MAILED FROM THE STATE FIRE MARSHAL'S OFFICE

NOTE: ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED, OR THE EXEMPTION REQUEST WILL BE DENIED

THE USE OF THE EXEMPTION REQUEST FORM IS A PRIVILEGE AND CAN BE SUSPENDED OR EVEN REVOKED BY THIS OFFICE IF DOCUMENTED ABUSE OCCURS AS OUTLINE IN STATE FIRE MARSHAL MEMORANDUM DATED JUNE 11, 2002- “USE OF EXEMPTION REQUEST FORMS.”